

USER CHARGE SELF MONITORING REPORT

JAN 20 2009

NAME: AMNEAL PHARMACEUTICALS CORPORATION  
 ADDRESS: 209 MCLEAN BLVD., PATERSON NJ 07504  
 FACILITY LOCATION: 209 MCLEAN BLVD., PATERSON, NJ 07504  
 NEW CUSTOMER ID / OUTLET ID: 27200050-1 OLD OUTLET DESIGNATION:

MONITORING PERIOD					
START			END		
12	01	08	12	31	08
MO	DAY	YR	MO	DAY	YR

VOL DISCHARGED THIS PERIOD	
94,772	GALS
CU. FT X 7.48 = GALLONS	
EFFLUENT METER READING LAST DAY THIS PERIOD	

DATE	BOD	TSS
12-9-08	121 mg/L	6.4 mg/L

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
<u>Senen Roxas</u>	for: <u>JITEN PARIKH</u>	<u>973 357-0222</u>
	<u>VICE PRESIDENT</u>	
		DATE <u>1-16-2009</u>



## METHOD USED

### TOTAL WATER USED

$7,530.1 (12/31/08) - 7,403.4 (12/1/08) = 127 \text{ CF1} \times 7.48 \times 100 = 94,772/21 \text{ DAYS} = 4,513$   
Total Flow - Gal/Day.

### SANITARY USED

$1,737 (12/31/08) - 1,661 (12/1/08) = 76 \times 7.48 \times 100 = 56,848/21 \text{ DAYS} = 2,707 \text{ Flow -}$   
Gal/Day.

$$\text{REGULATORY/TOTAL} = 1,806/4,513 = 0.4$$

SITE PLAN: NO CHANGE

NJDEP Certified Laboratory No. 14964

973-335-CALI

FAX 973-335-0556

E-MAIL: calilabs@earthlink.net

WEBSITE: www.calilabs.com

**COMPLETE ANALYSIS LABORATORIES INC.**

Ms. Sonal Thakar  
Amneal Pharmaceutical Corp.  
209 McLean Blvd.  
Paterson, NJ 07054

1259 Route 46, Building #4/C  
Parsippany, NJ 07054-4909

**ANALYSIS REPORT**REPORT DATE: DEC.19,2008PROJECT NO : 813922LAB ID NO: 813922.1FIELD ID NO: AP-1209Sample: Liquid, Sampled by CALI on 12/9/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD <sub>5</sub>	405.1	121	12/12/08 7:36	2.0	1
TSS	160.2	6.40	12/12/08 8:00	4.0	1

**Definitions:**

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits,

MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected, RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM

Laboratory Director

*The Standard of Excellence in Laboratory Service*



January 15, 2009

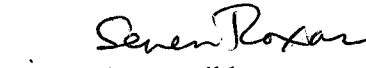
Mr. Andy Caltagirone  
Manager of Industrial & Pollution Control  
Passaic Valley Sewerage Commissioners  
600 Wilson Ave.  
Newark, NJ 07105

Dear Mr. Caltagirone:

Enclosed are MR-2 and MR-1 periodic compliance monitoring reports, which are due on 1/21/09 and 02/4/09, respectively.

Thank you.

Sincerely yours,

  
Jiten Parikh  
Vice President

## CHAIN OF CUSTODY

## COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4  
 PARSIPPANY, NJ 07054-4909  
 PHONE: (973) 335-CALI  
 FAX: (973) 335- 0556  
 NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1  
 (Lab use only) No. 813922

DELIVERABLES: ☒ STD ☐ REDUCED ☐ FULL  
 (CIRCLE ONE) OTHER (Specify) \_\_\_\_\_

CLIENT	AMNEAL PHARMACEUTICAL		
ADDRESS	209 MCLEAN BLVD.		
CITY	PATERSON		
STATE	NJ	ZIP	07054

CONTACT	Ms. Thakar	PHONE	(973) 357-0222
PROJECT	WASTEWATER		
SAMPLER	name <u>C. Ailop</u> sign <u>[Signature]</u>		
WITNESSED BY	name <u>SR</u> <u>12-10-08</u>		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
813922.1	AP- 1210	12/10/08 11:50	A	C	1	C	BOD, TSS
813922.1	AP- 1210	12/10/08 11:51	A	C	1	Hn, C	Cu, Zn, Pb
813922.2	AP- 140 G	12/10/08 11:52	A	G	2	H, C	VOC*
REMARKS	* VOC TO INCLUDES: ACETONE, METHYLENE CHLORIDE COMPOSITE SAMPLER WAS SET UP ON 12/9/08 + 11:50. SAMPLE WAS COLLECTED ON 12/10/08 + 11:50 SAMPLING FREQUENCY - 30 MINUTES.						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
CALI	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	12/10/08	16:30	<u>metc</u> <u>may off</u>	<u>[Signature]</u>
TURNAROUND TIME:				PRIORITY AUTHORIZATION:			
M = MATRIX	A - AQUEOUS SL-SLUDGE	P - POTABLE WATER SO - SOLID		S - SOIL X - OTHER		O - OIL	
T= TYPE	C - COMPOSITE		G - GRAB	No. = NUMBER OF CONTAINERS			
P = PRESERVATIVE	H <sub>2</sub> - H <sub>2</sub> SO <sub>4</sub>	Hn - HNO <sub>3</sub>	H - HCl	N - NaOH	A - ASCORBIC ACID		C - COOL TO 4 °C

SOP-CG-010 REV 4/96